

APN# : 1022-09-002-013

Recording Requested By:

Western Title Company, Inc.

Escrow No.: 066491-MHK

When Recorded Mail To:

Loren Bracci

23901 Rustico Court

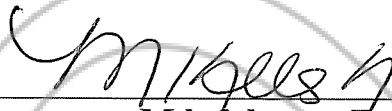
Valencia CA 91354

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of any person or persons.
(Per NRS 239B.030)

Signature _____



M kelsh

Escrow Officer

Affidavit of Death of Trustee

This page added to provide additional information required by NRS 111.312
(additional recording fee applies)

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RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:
Loren Bracci
23901 Rustico Court
Valencia CA 91354

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF Nevada)
) SS.
COUNTY OF Douglas)

Loren L. Bracci , Surviving Trustee of legal age, being first duly sworn, deposes and says:

1. Hugo Bracci is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person named as Trustee in that certain Declaration of Trust dated April 25, 2005 executed by Hugo Bracci as trustor(s).
2. At the time of decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a Quitclaim Deed recorded on August 19, 2005, in Book 0805, Page 9387 as Instrument No. 0652812 in Official Records of Douglas County, Nevada, describing the following real property:

Lot 5, in Block N, as shown on the Map of Topaz Ranch Estates Unit No. 4, filed for record in the office of the County Recorder of Douglas County, State of Nevada on November 16, 1970, in Book1 of Maps, as Document No. 50212.

3. I am the surviving or successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Dated OCTOBER 6, 2014

By: Loren L. Bracci, Trustee
Loren L. Bracci Surviving Trustee

STATE OF _____
COUNTY OF _____

See California Jurat attached
Subscribed and sworn to (or affirmed) before me on this 06 day 10/6/14 2014
Loren L. Bracci Successor Trustee personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(seal)

Signature _____
Notary public

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

 Signature of Document Signer No. 1

 Signature of Document Signer No. 2 (if any)

State of California
 County of Los Angeles

Subscribed and sworn to (or affirmed) before me
 on this 6th day of October, 2014,
Date Month Year

by
 (1) Loren L. Bracci,
Name of Signer

proved to me on the basis of satisfactory evidence
 to be the person who appeared before me (.)
 (and

(2) _____,
Name of Signer

proved to me on the basis of satisfactory evidence
 to be the person who appeared before me.)



Place Notary Seal Above

Signature Michael C. Kozonis
Signature of Notary Public

OPTIONAL

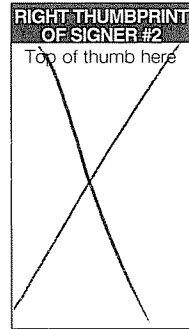
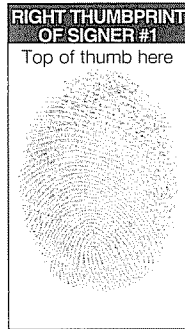
Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Further Description of Any Attached Document

Title or Type of Document: Affidavit Death of Trustee

Document Date: October 6, 2014 Number of Pages: 2

Signer(s) Other Than Named Above: _____



CERTIFICATION OF VITAL RECORD

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CERTIFICATE OF DEATH
VITAL STATISTICS**

2007000819
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME FIRST Hugo		1b. MIDDLE BRACCI		1c. LAST BRACCI		2. DATE OF DEATH (Mo/Day/Year) February 16, 2007		3a. COUNTY OF DEATH Douglas			
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville			3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) Evergreen Gardnerville Health & Rehab Center			3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient		4. SEX Male			
DECEDENT	5. RACE - (e.g., White, Black, American Indian) (Specify) White		6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No Non-hispanic		7a. AGE-Last birthday (Years) 83		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		8. DATE OF BIRTH (Mo/Day/Yr) January 18, 1924	
	9a. STATE OF BIRTH (If not U.S.A., name country) Italy		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Phyllis R VALENTINE			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER 5065		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Plaster Caster				14b. KIND OF BUSINESS OR INDUSTRY Home Interior					
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Lyon		15c. CITY, TOWN OR LOCATION Wellington		15d. STREET AND NUMBER 1335 Sandstone Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
PARENTS	16. FATHER - NAME (First Middle Last Suffix) Alceste BRACCI					17. MOTHER - NAME (First Middle Last Suffix) Irene LENA						
	18a. INFORMANT - NAME (Type or Print) Loren BRACCI				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 23901 Rustico Court Valencia, California 91354							
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory			19c. LOCATION City or Town State Carson City Nevada 89706					
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL				20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Douglas County Mortuary 1478 4th Street Minden NV 89423					
TRADE CALL	TRADE CALL - NAME AND ADDRESS											
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) DAVID STANDISH HOSKINS M.D.					22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)						
	21b. DATE SIGNED (Mo/Day/Yr) February 22, 2007			21c. HOUR OF DEATH 02:20			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH		
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					22d. PRONOUNCED DEAD (Mo/Day/Yr)						22e. PRONOUNCED DEAD AT (Hour)
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) David Standish Hoskins M.D. 1664 Hwy 395 #201 Minden, NV 89423						23b. LICENSE NUMBER 4628					
	24a. REGISTRAR (Signature) CHRISTINA GRIFFITH				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 23, 2007		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)											
	PART I (a) Multiorgan Failure Interval between onset and death											
	(b) Inanition and Dehydration Interval between onset and death											
(c) Advanced Cerebrovascular Disease Interval between onset and death												
CONDITIONS IF ANY WHICH HAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I Diabetes, CVA, HTN, Depression											
	26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes									
28a. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED							
	28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)			28g. LOCATION		STREET OR R.F.D. No.		CITY OR TOWN		STATE

STATE REGISTRAR



QSRB1004-Rev-F20

T1041

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

03/02/2007

SIGNATURE AUTHENTICATED

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

